

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

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ELECTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Loretta, Renea, Riley

3. Address (include post office box or street, city, state, zip code)

P.O. BOX

901242

Homestead, FL 33030

4. Telephone

(786) 296-5946

5. E-mail address

lorettareneariley@gmail.com

6. Office sought (include district, circuit, group number)

County Commissioner, District 9

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Julius Riley

11. Mailing Address

114 NW 8th Avenue

12. Telephone

(786) 217-3175

13. City

Homestead

14. County

Miami-Dade

15. State

FL

16. Zip Code

33030

17. E-mail address

juliusriley54@yahoo.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust

20. Address

2952 NE 8th Street

21. City

Homestead

22. County

Miami-Dade

23. State

FL

24. Zip Code

33030

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

May 14, 2012

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Julius Riley, do hereby accept the appointment
(Please Print or Type Name)

designated above as:



Campaign Treasurer



Deputy Treasurer.

May 14, 2012

Date



Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

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OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Loretta Renea Riley

3. Address (include post office box or street, city, state, zip code)

P.O. Box 901242, Homestead
Florida City, FL
33030

4. Telephone

(786) 296-5946

5. E-mail address

lorettareneariley@gmail.com

6. Office sought (include district, circuit, group number)

County Commissioner District 9

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Loretta Riley

11. Mailing Address

114 NW 8 Ave.

12. Telephone

(786) 296-5946

13. City

Homestead

14. County

Miami-Dade

15. State

FL

16. Zip Code

33030

17. E-mail address

lorettareneariley@gmail.com

18. I have designated the following bank as my ☒ Primary Depository ☐ Secondary Depository

19. Name of Bank

Sun Trust

20. Address

2952 NE 8th Street

21. City

Homestead

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33030

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25. Date

May 15, 2012

26. Signature of Candidate

X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Loretta Riley, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

May 15, 2012
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
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2012 MAY 15 PM 12:41

MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☐ Initial Filing of Form Re-filing to Change: ☒ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Loretta, Renea, Riley

3. Address (include post office box or street, city, state, zip code)

P.O. BOX 901242, Homestead, FL 33030

4. Telephone

(786) 296-5946

5. E-mail address

lorettareneariley@gmail.com

6. Office sought (include district, circuit, group number)

County Commissioner, District 9

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☐ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Rosa Ranson

11. Mailing Address

12881 SW 252 Street, Apt # 205

12. Telephone

(305) 910-7274

13. City

Princeton

14. County

Miami-Dade

15. State

FL

16. Zip Code

33032

17. E-mail address

rosa_ranson@yahoo.com

18. I have designated the following bank as my ☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

SunTrust

20. Address

2952 NE 8th Street

21. City

Homestead

22. County

Miami-Dade

23. State

Florida

24. Zip Code

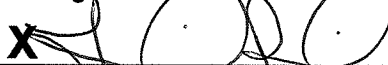
33030

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

May 14, 2012

26. Signature of Candidate



27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Rosa Ranson, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☐ Campaign Treasurer ☒ Deputy Treasurer.

May 15, 2012

Date


Signature of Campaign Treasurer or Deputy Treasurer

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community
Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Utility Bill |
| <input checked="" type="checkbox"/> Voter Information Card | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Lease Agreement |

OATH OF CANDIDATE

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

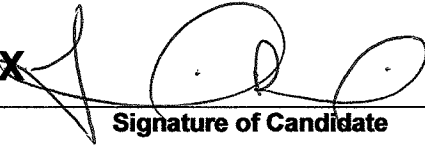
I, Loretta Riley

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the nonpartisan office of County Commissioner District 9
(OFFICE) (DISTRICT/AREA/SUBAREA)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X 
Signature of Candidate

(786) 296-5946

Telephone Number

lorettareneariley@gmail.com

Email Address

114 NW 8th Avenue

Address

Homestead

City

FL

State

33030

Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 110331910

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 15th day of May, 2012

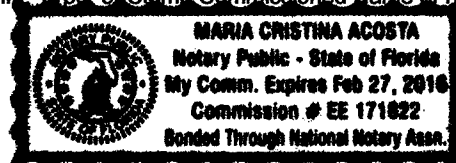
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced:

FL DRIVERS LIC.


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





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ELECTIONS

		Voter Information Card Miami-Dade County, FL	
Tarjeta de información del elector Condado de Miami-Dade, FL		Kat Enfòmasyon Votè Konte Miami-Dade, FL	
Loretta Renea Riley 114 NW 8Th Ave Homestead FL 33030		ISSUED EMITIDA ENPRIME 10/26/11	
Bring photo identification when voting. Para votar, presente una identificación con fotografía. Tranpri pote yon pyès idantifikasyon ki gen foto w sou li lè w ap vin vote.		Registration No. Núm. de inscripción Nim. Enskripsyon 110331910	
Voting Location Ubicación de la votación Lokal Biwo Vòt Homestead Family YMCA 1034 NE 8 St			
Precinct No. Núm. del recinto Nim. Biwo Vòt 917	Identification Data Datos de identificación Enfo. Idantifikasyon 1/11/1981	Registration Date Fecha de inscripción Dat Enskripsyon 6/29/2005	
Party Affiliation Afiliación partidista Pati Politik REPUBLICAN PARTY OF FLORIDA			
Supervisor of Elections Supervisor de Elecciones Sipèvizè Eleksyon Lester Sola You are eligible to vote for the representatives from the districts listed below. Ud. puede votar por los representantes de los distritos enumerados abajo. W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.			
Congress Congreso Kongrè 25	State Senate Senado Estatal Sena Eta a 39	State House Cámara Estatal Lachannm Eta a 119	
County Commission Comisión del Condado Komisyon Konte 9	School Board Junta Escolar Asanble Edikasyon 9	Community Council Consejo Comunitario Konsèy Kominotè 0	
Municipal Municipal Minisipalite HOMESTEAD			
			

Please print or type your name, mailing address, agency name, and position below :

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Riley Loretta Renea

MAILING ADDRESS:

114 NW 8th Avenue

Homestead 33030 Miami-Dade

CITY : ZIP : COUNTY :

Miami-Dade County

NAME OF AGENCY :

County Commissioner, District 9

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

FOR OFFICE
USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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ELECTIONS

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CHECK IF THIS IS A FILING BY A CANDIDATE ☒

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of May 14th, 20 12 was \$ 4528.60

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 4528.60

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

N/A

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☒ I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

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ELECTIONS

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SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

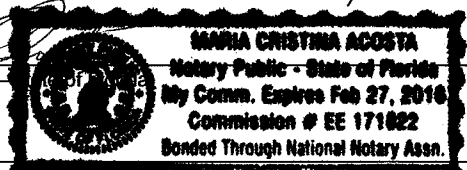
OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 15th day of

May, 20 12 by Loretta Riley

(Signature of Notary Public) [Signature]

 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ✓

Type of Identification Produced FL Drivers Lic

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning **2011** ending **20** See separate instructions.

Your first name and initial **Loretta R** Last name **Riley** Your social security number

If a joint return, spouse's first name and initial Last name **2012 MAY 15 PM 12:42** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **114 NW 8th Avenue** Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Homestead FL 33030** **Presidential Election Campaign**

Foreign country name Foreign province/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** ☐ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child

Check only one box. 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▲**

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b **1**

b ☐ Spouse No. of children on 6c who:

c Dependents: • lived with you **3**

(f) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Abdul J Rice, Jr Son ☒

Carey E Wade Son ☒

Calor B Wade Son ☒

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **17,000.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12** **-1,100.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **15,900.**

Adjusted Gross Income 23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33** **2,500.**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36** **2,500.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37**

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	13,400.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,500.
41	Subtract line 40 from line 38	41	4,900.
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	14,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	0.
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	0.
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	0.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	0.

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	0.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	1,000.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	5,751.
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	1,935.
66	American opportunity credit from Form 8863, line 14	66	1,000.
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	9,686.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	9,686.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	9,686.
b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
75	Amount of line 73 you want applied to your 2012 estimated tax ▶	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation self employed	Daytime phone number (786) 296-5946
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ SELF PREPARED		Firm's EIN ▶		

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2012 MAY 15 PM 12:42
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ELECTIONS

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**

Name of proprietor Loretta R Riley		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) Business Consultant	B Enter code from instructions ► 9 9 9 9 9 9	
C Business name. If no separate business name, leave blank. Personal & Business Credit	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► 168 SW 4th St. City, town or post office, state, and ZIP code Homestead, FL 33030		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2011, check here <input type="checkbox"/>		
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1a Merchant card and third party payments. For 2011, enter -0-	1a	0.
b Gross receipts or sales not entered on line 1a (see instructions)	1b	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c		
2 Returns and allowances plus any other adjustments (see instructions)		
3 Subtract line 2 from line 1d		
4 Cost of goods sold (from line 42)		
5 Gross profit. Subtract line 4 from line 3		
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		
7 Gross income. Add lines 5 and 6		

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	400.	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	200.
15 Insurance (other than health)	15		23 Taxes and licenses	23	100.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	200.	25 Utilities	25	200.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1,100.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,100.			
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	-1,100.			
<ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 					
32 If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation			
36	Purchases less cost of items withdrawn for personal use			
37	Cost of labor. Do not include any amounts paid to yourself			
38	Materials and supplies			
39	Other costs			
40	Add lines 35 through 39			
41	Inventory at end of year			
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4			

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**

46 Do you (or your spouse) have another vehicle available for personal use?. ☐ **Yes** ☐ **No**

47a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

[illegible]

SCHEDULE EIC
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

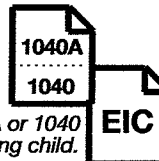
Name(s) shown on return

Loretta R Riley

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040A or 1040
only if you have a qualifying child.



OMB No. 1545-0074

2011

Attachment
Sequence No. **43**

Your social security number

Before you begin:

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See page 2 for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

1 Child's name

If you have more than three qualifying children, you only have to list three to get the maximum credit.

First name

Last name

First name

Last name

First name

Last name

Abdul J Rice Jr

Carey E Wade

Calor B Wade

2 Child's SSN

The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2011. If your child was born and died in 2011 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.

Year 1 9 9 7

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2 0 0 6

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2 0 0 7

If born after 1992 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

4a Was the child under age 24 at the end of 2011, a student, and younger than you (or your spouse, if filing jointly)?

☐ Yes. ☐ No.

Go to line 5. Go to line 4b.

☐ Yes. ☐ No.

Go to line 5. Go to line 4b.

☐ Yes. ☐ No.

Go to line 5. Go to line 4b.

b Was the child permanently and totally disabled during any part of 2011?

☐ Yes. ☐ No.

Go to line 5. The child is not a qualifying child.

☐ Yes. ☐ No.

Go to line 5. The child is not a qualifying child.

☐ Yes. ☐ No.

Go to line 5. The child is not a qualifying child.

5 Child's relationship to you

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

Son

Son

Son

6 Number of months child lived with you in the United States during 2011

• If the child lived with you for more than half of 2011 but less than 7 months, enter "7."

• If the child was born or died in 2011 and your home was the child's home for the entire time he or she was alive during 2011, enter "12."

12 months
Do not enter more than 12 months.

12 months
Do not enter more than 12 months.

12 months
Do not enter more than 12 months.

Additional Child Tax Credit

OMB No. 1545-0074

2011Attachment
Sequence No. **47**Department of the Treasury
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Name(s) shown on return

Loretta R Riley

Your social security number

Part I All Filers

- 1 1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).
- 1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).
- 1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).

If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.

2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	0.
3	Subtract line 2 from line 1. If zero, stop ; you cannot take this credit	3	3,000.
4a	Earned income (see instructions on back)	4a	15,900.
b	Nontaxable combat pay (see instructions on back)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	12,900.
6	Multiply the amount on line 5 by 15% (.15) and enter the result Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the smaller of line 3 or line 6 on line 13. <input checked="" type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	1,935.

Part II Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see instructions on back	7	960.
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.	8	0.
9	Add lines 7 and 8	9	960.
10	1040 filers: Enter the total of the amounts from Form 1040, lines 64a and 69. 1040A filers: Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see instructions on back). 1040NR filers: Enter the amount from Form 1040NR, line 65.	10	5,751.
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0.
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	1,935.

Part III Additional Child Tax Credit

13	This is your additional child tax credit	13	1,935.
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Enter this amount on
Form 1040, line 65,
Form 1040A, line 39, or
Form 1040NR, line 63.

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**Education Credits (American Opportunity and
Lifetime Learning Credits)**▶ See separate instructions to find out if you are eligible to take the credits.
▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2011
Attachment
Sequence No. **50**

Name(s) shown on return

Loretta R Riley

Your social security number

**You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.****Part I American Opportunity Credit****Caution:** You cannot take the American opportunity credit for more than 4 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	Loretta R Riley		4,000.	2,000.	500.	2,500.
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III ▶					2,500.

Part II Lifetime Learning Credit**Caution:** You cannot take the American opportunity credit and the lifetime learning credit for the same student in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
4	Add the amounts on line 3, column (c), and enter the total		4
5	Enter the smaller of line 4 or \$10,000		5
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6

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ELECTIONS

Part III Refundable American Opportunity Credit

7	Enter the amount from line 2.	7	2,500.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	90,000.
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	9	13,400.
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit.	10	76,600.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	10,000.
12	If line 10 is: • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)	12	1.000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions on page 4 of the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>	13	2,500.
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below	14	1,000.

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13	15	1,500.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places)	21	
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ►	22	
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	0.

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